

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082000001		CITY OR TOWN	NORTH AD	DAMS
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: AMPIL, INC				
DOING BUSINESS A BOSTON SEAR	FOOD REST.			
ADDRESS 160 AMER. LEGION DR.				
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER: AMEEN, OMAR E. T	YPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM 2 ROOMS. BOTH ROOMS USED FOR I hereby certify and swear under penalti 1. the renewed license will be of 2. the licensee has complied wi 3. the premises are now open for SIGNED BY	es of perjury that: of the same type for the thall laws of the Com	e same premises now monwealth relating to lain below)	licensed;	REAR.
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI	
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the hea	d of the fire departn	nent for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:				



www.mass.gov/abcc

LICENSE NU	MBER: 082000002		CITY OR TOWN	NORTH ADAMS
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: FRANK R. ST	ΓILES POST#125 AMER	ICAN LEGION INC	1
DOING BUSI	NESS A			
ADDRESS A	MERICAN LEGION I	OR.		
CITY/TOWN:	: NORTH ADAMS	STATE: MA	ZIP CODE:	01247
MANAGER:	SCHEZADE, WILLIAM G	TYPE OF LICENSE: Ve	terans club CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
5 ROOMS; ON FOR STORAG		OR LOUNGE, ONE FOR	R ASSEMBLY, ONE	FOR TV AND ONE
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now	licensed;
2. the	licensee has complied	with all laws of the Com	nonwealth relating to	taxes; and
3. the	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, named license	signed by the buildir	e are in possession (1) th ng inspector and the head te of liquor liability insu	d of the fire departr	
of 2010.				
Please Check Bell APPROVED:				ING AUTHORITY
DISAPPROVI			By:	
(If disapproved	d explain)			
D 4 FF				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082000004		CITY OR TOWN	NORTH A	DAMS
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: PITCHER'S MO	UND PUB, INC.			
DOING BUSINESS A PITCHER'S MO	OUND			
ADDRESS 232 ASHLAND ST.				
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER: RIVARD, JACK T	YPE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	IISES:			
KITCHEN, BAR, DINING AREA & B	ASEMENT FOR STO	ORAGE.		
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the	e same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Com	monwealth relating t	to taxes; and	
3. the premises are now open for	or business (If not exp	lain below)		
SIGNED BY		OCC		
Individual, Partn	er or Authorized Corp	orate Officer		
DATE: TELEBHO		EMPLOYEI	R IDENTIFICAT	TION NUMBER:
TELEPHO	NE NUMBER:			ecurity Number)
W. 4b	(1) 41		- 1 b Cb4	204 - 641
We the undersigned, attest that we as Acts of 2004, signed by the building i				
named license and (2) the certificate				
of 2010.				
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	3EK: 082000008		CITY	OK TOWN	NORTHA	DAINIS
APPLICATION 1	FOR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAM	ME: BAY STATE HOS	SPITALITY GROU	P, INC			
DOING BUSINE	ESS A FREIGHT YARI	O PUB				
ADDRESS HER	ITAGE PARK					
CITY/TOWN: N	NORTH ADAMS	STATE: MA	ZI	P CODE:	01247	
	EINHARD, TY OLLEEN	PE OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDI	RESS		_
	OF LICENSED PREMI					
	ONE ON 2ND FL. AND		WITH BA	AR AREA.	Patio	
•	nd swear under penalties					
	newed license will be of	• •	•			
	ensee has complied with emises are now open for			_	to taxes; and	
3. the pro	ennises are now open for	business (II not exp	nam bero	w)		
SIGNED BY						
SIGNED D1	Individual, Partner	or Authorized Cor	porate Of	ficer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(1	Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building in nd (2) the certificate of	spector and the he	ad of the	fire depart	ment for the	above
Please Check Below:	-		LOC	AL LICENS	SING AUTH	ORITY
APPROVED:	<u> </u>		By:			
DISAPPROVED						
(If disapproved e	xplain)					
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 082000011		CITY OR TOWN	NORTH ADAMS
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DBDD INC.			
DOING BUSINESS A			
ADDRESS 1266 CURRAN HWY.			
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE:	01247
MANAGER: SOULE, DAVID J. TY	PE OF LICENSE: Gen prei		ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	ISES:		
TWO BANQUET ROOMS-18 BOWLIN	NG LANES IN ONE R	OOM-DECK	
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now	licensed;
2. the licensee has complied wit	h all laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now open fo	r business (If not expla	in below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	GI Ch 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUM	MBER: 082000012		CITY OR TOWN	NORTH AI	DAMS
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		13
		CLASS		,	YEAR
LICENSEE NA	ME: NO.ADAMS AERII	E 310 FRATERNA	L ORDER OF EAGI	LES	
DOING BUSIN	NESS A				
ADDRESS 513	CURRAN MEM'L HWY				
CITY/TOWN:	NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER:	UPTON, ROBERT TYPI	E OF LICENSE: CI	ub C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	ES:			
TWO ROOMS ASSEMBLY.	ON FIRST FLOOR; ONE	ROOM FOR BAR	AND LOUNGE AN	D ONE ROO	M FOR
I hereby certify	and swear under penalties	of perjury that:			
1. the 1	renewed license will be of the	ne same type for the	e same premises now	licensed;	
2. the l	icensee has complied with a	all laws of the Com	monwealth relating to	o taxes; and	
3. the p	premises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	Individual Doutnon	on Authorized Com	omata Officer		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NIIMRER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TEEE TOTAL	THOMBER.	(Note: NOT Ind	lividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we are i signed by the building insp and (2) the certificate of l	pector and the hea	d of the fire depart	ment for the	above
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)		-		
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE I	MONTH OF NOVEMBER (N	I.G.L. Ch. 138 \$ 16	A)



www.mass.gov/abcc

LICENSE NUMI	BER: 082000013		CITY OR TOWN NORTH	ADAMS
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	Æ: NO. ADAMS	LODGE OF ELKS #487	7	
DOING BUSINE	ESS A			
ADDRESS 100 E	EAGLE ST			
CITY/TOWN: N	NORTH ADAMS	STATE: MA	ZIP CODE: 01247	
	UTNAM, OLLEEN	TYPE OF LICENSE:C	lub CATEGORY	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
THREE FLOORS	S;ONE FLOOR FO	R BAR AND LOUNGE		
I hereby certify a	nd swear under pen	alties of perjury that:		
1. the rea	newed license will b	be of the same type for the	ne same premises now licensed;	
2. the lic	ensee has complied	with all laws of the Con	nmonwealth relating to taxes; an	d
3. the pro	emises are now ope	n for business (If not exp	olain below)	
SIGNED BY DATE:		nrtner or Authorized Corp HONE NUMBER:	porate Officer EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, sig	gned by the buildir	ng inspector and the hea	he certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED (If disapproved ex				
(11 disappioved e.	Apiaiii)			
DATE:				
ADDI ICATION COP DI	ENEWAL MITET DE EU FE	ODV HOENGEEG DUDING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	¢ 16A)
AFFLICATION FOR RE	SIND WAL IVIUST BE FILEL	DEL LICENSEES DUKING THE	INION IN OF NOVEMBER (M.G.L. Ch. 138	φ 10A)



www.mass.gov/abcc

LICENSE NUMBER	R: 082000016		CITY OR TOWN	NORTH A	DAMS
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BERNARD & DA	ANIEL O'NEIL			
DOING BUSINESS	A ARTERY LOUN	NGE			
ADDRESS 68 UNIO	ON STREET				
CITY/TOWN: NO	RTH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER: O'NI	EIL, DANIEL TY	PE OF LICENSE: G	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
ONE ROOM FOR E	SAR AND LOUNGE	Ξ			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be of	f the same type for th	e same premises no	w licensed;	
2. the licens	ee has complied wit	h all laws of the Con	nmonwealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not exp	olain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building ir	e in possession (1) the spector and the hear of liquor liability ins	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST RE FILED RY	LICENSEES DURING THE	MONTH OF NOVEMBER	MGL Ch 138 \$ 14	6A)
			Or THE PLAN	(OIII 100 \$ 10	<i>-</i> /



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082000020		TIY OR TOWN NORTH ADAMS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RONALD J. DOING BUSINESS A MOHAWK ADDRESS 30 MARSHALL STRE	Z BAR	. FRANZONI
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE: 01247
MANAGER: FRANZONI, JOHN R.	TYPE OF LICENSE: Gene	
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PI ONE ROOM FOR BAR AND ONE I hereby certify and swear under pe 1. the renewed license will 2. the licensee has complie	E ROOM TO THE REAR FO nalties of perjury that: be of the same type for the sa	R STORAGE. The premises now licensed; Inwealth relating to taxes; and
SIGNED BY Individual, F	Partner or Authorized Corpora	ite Officer
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		ertificate required by Chapter 304 of the
		of the fire department for the above nce required by Chapter 116 of the Acts
named license and (2) the certific		
named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:		nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

LICENSE NUM	BER: 082000022		CITY OR TOWN	NORTH ADAMS
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: DR.GEORGE	E L.CURRAN POST#9	96 V.F.W.OF U.S.INC	
DOING BUSIN	ESS A			
ADDRESS 575	MOHAWK TRAIL	ı		
CITY/TOWN:	NORTH ADAMS	STATE: M	A ZIP CODE:	01247
	GARDZINA, FRANCIS	TYPE OF LICENSE:	Veterans club C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
THREE ROOM	S ALL ON FIRST F	FLOOR AND ONE RO	OM TO THE REAR F	OR STORAGE.
I hereby certify a	and swear under pen	nalties of perjury that:		
1. the re	enewed license will	be of the same type for	the same premises now	licensed;
2. the lie	censee has complied	d with all laws of the Co	ommonwealth relating t	to taxes; and
3. the pr	remises are now ope	en for business (If not ex	xplain below)	
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, si	gned by the buildi	ng inspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below	<u>/:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: [By:	
DISAPPROVEI				
(If disapproved of	explain)			_
DATE:				
	ENEWAL MUST BE EU E	D BY LICENSEES DURING TH	E MONTH OF NOVEMBER (A	AGI Ch 138 \$ 16A\
ALFLICATION FOR K	THE WAL MOST DE LIFE	A DI PICENSEES DOKING IT	T MONTH OF NOVEMBER (N	1. O.L. CII. 130 \$ 10A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 082000026		CITY OR TOWN	N NORTH ADA	AMS
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 2013	3
	ME: MT. GREYLOC SSS A MOUNT GRE OBERTS DR.			Y	EAR
CITY/TOWN: N	NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
	UPRENEAU, T ONALD	YPE OF LICENSE:	General on Gremise	CATEGORY: A	All Alcohol
EMAIL ADDRES	SS:				
LARGE ROOM I hereby certify at 1. the rer 2. the lice	OF LICENSED PREM WITH BAR, TABLE and swear under penalt newed license will be ensee has complied we emises are now open to	S, CHAIRS AND 36 ies of perjury that: of the same type for the tith all laws of the Control of t	ne same premises no nmonwealth relating		
SIGNED BY	Individual, Parti	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICATIO	
Acts of 2004, sig	gned, attest that we a gned by the building nd (2) the certificate	inspector and the he	ad of the fire depar	rtment for the al	bove
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	: 🔲		LOCAL LICEN By:	ISING AUTHOR	RITY



www.mass.gov/abcc

LICENSE NUME	3ER: 082000029		CITY OR TOWN	NORTH A	DAMS
APPLICATION F	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: GREYLOCK COMM	MUNITY CLUB INC	C.		
DOING BUSINE	SS A				
ADDRESS 540-5	4 STATE RD.				
CITY/TOWN: N	ORTH ADAMS	STATE: MA	ZIP CODE:	01247	
	OOD, RICHARD TYPE	E OF LICENSE: Club) (CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION O	OF LICENSED PREMISE	ES:			
	AND CELLAR;FIVE ROO R AND ONE ROOM ON			MS ON SECC	OND
I hereby certify ar	nd swear under penalties o	of perjury that:			
1. the ren	newed license will be of th	e same type for the	same premises nov	w licensed;	
2. the lice	ensee has complied with a	ll laws of the Comm	onwealth relating	to taxes; and	
3. the pre	emises are now open for b	usiness (If not expla-	in below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, sig	gned, attest that we are in gned by the building insp and (2) the certificate of li	ector and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	(plain)				
			-		
DATE:			-		
DAIL.					



www.mass.gov/abcc

LICENSE NU	MBER: 082000030		CITY OR TOW	N NORTH A	DAMS
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE N.	AME: H & O INC.				
DOING BUSI	NESS A KEY WES	T SALOON			
ADDRESS 15	9 STATE ST.				
CITY/TOWN:	NORTH ADAMS	STATE: MA	A ZIP CODE:	01247	
MANAGER:	BLOOM, MICHAEL C.	TYPE OF LICENSE:	General on premise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PI	REMISES:			
TWO ROOMS	S; ONE FOR DINING	G AND BAR AND ONE	FOR LOUNGE.		
I hereby certify	y and swear under pe	nalties of perjury that:			
1. the	renewed license will	be of the same type for t	the same premises n	ow licensed;	
2. the	licensee has complie	ed with all laws of the Co	mmonwealth relatir	ng to taxes; and	
3. the	premises are now op	en for business (If not ex	plain below)		
SIGNED BY	Individual, F	Partner or Authorized Co.	rporate Officer		
DATE:	TELEI	PHONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	signed by the build	we are in possession (1) ing inspector and the ho cate of liquor liability in	ead of the fire depa	artment for the	above
Please Check Bel	ow:		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THI	E MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NU	MBER: 082000031		CITY OR TOWN	NORTH A	DAMS
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE N DOING BUSI ADDRESS 16		ET T INC.			
		OTT A TOTAL		01247	
CITY/TOWN:	: NORTH ADAMS	STATE: MA	A ZIP CODE:	01247	
MANAGER:	CELLANA, ROBERT C.	TYPE OF LICENSE:	General on Coremise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	EMISES:			
TWO ROOMS	S ON FIRST FLOOR V	WITH BASEMENT US	SED FOR STORAGE		
I hereby certif	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for t	he same premises nov	w licensed;	
2. the	licensee has complied	with all laws of the Co	mmonwealth relating	to taxes; and	
3. the	premises are now open	for business (If not ex	aplain below)		
SIGNED BY	Individual, Par	rtner or Authorized Co	rporate Officer		
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	rsigned, attest that we signed by the building e and (2) the certificat	g inspector and the h	ead of the fire depar	tment for the	above
Please Check Bel			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI (If disapprove					
(п аварргото	p.m/				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	F MONTH OF NOVEMBED (MGL Ch 138 ¢ 14	
ALL LICATION FOR	K KEMEN AL MIUST DE FILED	DI PICERDEED DOMING LUI	LINDINITI OF NOVEMBER (171.U.L. CII. 130 \$ 10	J1 1)



www.mass.gov/abcc

LICENSE NUMBER: 082000035	(CITY OR TOWN NORTH A	ADAMS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: CRYSTAL HARD HAT, I DOING BUSINESS A CRYSTAL HARD HAT ADDRESS 55-59 Union St	NC.		
	A (TDC)	TID CODE 0104T	
CITY/TOWN: NORTH ADAMS STA	ATE: MA	ZIP CODE: 01247	
MANAGER: HEBERT, NANCY TYPE OF L A.	ICENSE: Tave	rn CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
4 rooms kitchen area, office, lounge and dance are	ea, bar & game	room	
I hereby certify and swear under penalties of perju	ary that:		
1. the renewed license will be of the same	e type for the sa	ame premises now licensed;	
2. the licensee has complied with all laws	s of the Commo	onwealth relating to taxes; and	l
3. the premises are now open for busines	s (If not explain	n below)	
SIGNED BY Individual, Partner or Auth	norized Corpora	ate Officer	
DATE: TELEPHONE NUM	BER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head	of the fire department for th	e above
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	HORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES	DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 082000039		CITY OR TOWN	NORTH ADAMS	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	ME: WHITNEY'S I	BEVERAGE SHOP,ING	C.		
DOING BUSIN	ESS A				
ADDRESS 142	AMERICAN LEGIO	N HWY.			
CITY/TOWN:	NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
	WHITNEY, JAMES S	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY: All Alcoho	ol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	EMISES:			
1 ROOM FOR S BATHROOMS.		FOR STORAGE WITI	H ONE OFFICE AND	TOW	
	remises are now open	with all laws of the Con for business (If not exp there or Authorized Corp	olain below)	taxes; and	
DATE:	TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER ividual Social Security Number	
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHORITY	
APPROVED: DISAPPROVE			By:		
(If disapproved					
- 1					
DATE:					
~					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 082000041		CITY OR T	OWN NORTH A	ADAMS
APPLICATION FO	OR RENEWAL:	Annual	I	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES		OPARDO'S PACKAGE S	E STORE,INC.		
ADDRESS 8 RIVE	ER ST				
CITY/TOWN: NO	ORTH ADAMS	STATE: MA	A ZIP CO	DE: 01247	
MANAGER: DU	JNN, TONI	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:		-		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION O					
TWO ROOMS: Of	NE FOR SALES A	AND ONE FOR STOR	AGE.		
 the rene the licer 	ewed license will busee has complied	alties of perjury that: be of the same type for the laws of the Coen for business (If not ex	mmonwealth rel		
	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	HONE NUMBER:		PLOYER IDENTIFICA NOT Individual Social	
Please Check Below: APPROVED:			LOCAL L By:	ICENSING AUTH	IORITY
DISAPPROVED:			Dy.		
(If disapproved exp	olain)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	182000043		CITY OR TOWN	NORTHA	DAMS
APPLICATION FOR R	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: V	WESTS PKG ST	ORE,INC.			
DOING BUSINESS A					
ADDRESS 367 STATE	E RD				
CITY/TOWN: NORT	H ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER: WEST,	ROBERT TY	YPE OF LICENSE: Pa	ckage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREM	IISES:			
ONE SALES AREA					
I hereby certify and swe	ear under penalti	es of perjury that:			
		of the same type for the	•		
2. the licensee	has complied wi	th all laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for	or business (If not expl	ain below)		
SIGNED BY					
I	ndividual, Partn	er or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(1101c. <u>1101</u> 1	ndividuai Sociai S	decurity (vulliber)
Please Check Below: APPROVED:			LOCAL LICEN	ISING AUTH	ORITY
DISAPPROVED:	1		By:		
(If disapproved explain))				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 08200004/		CITY OR TOWN NORTH	ADAMS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: ED'S VARIE NESS A EDS PKG S			
ADDRESS 524	4 UNION ST			
CITY/TOWN:	NORTH ADAMS	STATE: MA	ZIP CODE: 01247	
MANAGER:	SHEEHAN JR., RICHARD M.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
TWO ROOMS	S: ONE LARGE ROO	M FOR SALES AND O	NE ROOM FOR STORAGE.	
	premises are now ope	en for business (If not exp		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED:	ow:		LOCAL LICENSING AUT By:	HORITY
DISAPPROVE	ED:		by.	
(If disapproved	d explain)			
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSED FOR 2013 YEAR
YEAR
ZIP CODE: 01247
ge Store CATEGORY: All Alcohol
ADDRESS
ne premises now licensed; nwealth relating to taxes; and below)
e Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
LOCAL LICENSING AUTHORITY
By:
rıv



www.mass.gov/abcc

LICENSE NUMBER: 082000	067	CITY OR TOWN NORT	n ADAMS
APPLICATION FOR RENEV	VAL: Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: MASSA FNDTN		CONTEMPORARY ART	
DOING BUSINESS A MASS	S MOCA FOUNDATION		
ADDRESS 87 MARSHALL S	ST		
CITY/TOWN: NORTH ADA	AMS STATE: MA	ZIP CODE: 01247	7
MANAGER: THOMPSON, JOSEPH C.	TYPE OF LICENSE: R	destaurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
THE CAFE AT MASS MOCA	A LOCATED IN THE SOUTH	I END OF THE BLDG 10	
			
3. the premises are no SIGNED BY Individ	mplied with all laws of the Cor ow open for business (If not exp ual, Partner or Authorized Cor	plain below)	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, signed by the	that we are in possession (1) to building inspector and the he ertificate of liquor liability in	the certificate required by Cl ad of the fire department for	hapter 304 of the r the above r 116 of the Acts
APPROVED: DISAPPROVED: (If disapproved explain)		By:	THORITY
DATE:			



www.mass.gov/abcc

LICENSE NUM	IBER: 082000074		CITY OR TOWN	NORTH A	DAMS
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: ROARING, LI	LC			
DOING BUSIN	ESS A PORCHES				
ADDRESS 231	RIVER STREET				
CITY/TOWN:	NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER:	Fitzpatrick, Nancy	TYPE OF LICENSE: Innl	nolder (CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION	OF LICENSED PRI	EMISES:			
T1 1 12					
•	and swear under pena			1: 1:	
		be of the same type for the	-		
	-	with all laws of the Comn	_	to taxes; and	
3. the p	remises are now oper	n for business (If not expla	in below)		
SIGNED BY	Individual Da	rtner or Authorized Corpo	rata Officar		
	marviduai, i a	thici of Authorized Corpo	rate Officer		
DATE:		VOLUE VIII (DED	EMDLOVI	ER IDENTIFICAT	TION NI IMPED.
DATE.	TELEPI	HONE NUMBER:		ndividual Social S	
					,
	0 /	e are in possession (1) the	_		
		ng inspector and the head te of liquor liability insu			
of 2010.	(2) 0110 001 011100	or or inquier massing misus	· ····································	, cp. 121	7 01 010 1100
Please Check Below	<u>v:</u>		LOCAL LICEN	ISING AUTH	ORITY
APPROVED: [By:		
DISAPPROVEI					
(If disapproved	explain)				
			-		
DATE:					
		NAME OF THE PARTY			
APPLICATION FOR F	ENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	JN 1H OF NOVEMBER ((M.G.L. Ch. 138 \$ 10	bA)



www.mass.gov/abcc

LICENSE NUMBER:	082000079		CITY OR TOW	/N NORTH A	DAMS
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		OF NORTH ADA	MS, INC.		
ADDRESS 37/41 MA					
CITY/TOWN: NORT	ΓH ADAMS	STATE: MA	A ZIP CODE:	01247	
MANAGER: WO W	ANG,MENG TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LA 3000 SQFT. TWO EN			NT ONE ENTRAN	ICE TO KITCH	IEN.
2. the licensee	d license will be of has complied with	the same type for t	he same premises n mmonwealth relatir plain below)		
SIGNED BY	Individual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICA'	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the h	ead of the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 082000082		CITYOR	LIOWN	NORTHA	DAMS
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAMI	E: WICKED HOT I	PANS, LLC				
DOING BUSINES	SS A GRAMERCY I	BISTRO				
ADDRESS 111 M	ASS MOCA WAY					
CITY/TOWN: N	ORTH ADAMS	STATE: MA	ZIP C	CODE:	01247	
	MITH, T LEXANDER J	YPE OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION O	F LICENSED PREM	IISES:				
A 65 SEAT REST	AURANT WITH TV	VO BATHROOMS, O	ONE KITCH	EN		
I hereby certify and	d swear under penalti	es of perjury that:				
1. the rene	ewed license will be o	of the same type for the	ne same prem	nises now	licensed;	
	•	ith all laws of the Con		relating t	o taxes; and	
3. the prei	mises are now open for	or business (If not exp	olain below)			
SIGNED BY						
SIGNED DI	Individual, Partn	er or Authorized Cor	porate Office	er		
DATE:	TELEPHO	NE NUMBER:	Е	MPLOYEF	R IDENTIFICAT	ΠΟΝ NUMBER:
			(Note	: NOT Inc	dividual Social S	Security Number)
Acts of 2004, sign	ned by the building i	re in possession (1) t inspector and the he of liquor liability ins	ad of the fir	e departi	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	plain)					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 082000086		CITY OR TOWN	NORTH AI	DAMS
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: RED SAUCE I	RISTORANTE, INC E RISTORANTE			
ADDRESS 139 A	SHLAND ST				
CITY/TOWN: N	ORTH ADAMS	STATE: MA	ZIP CODE:	02211	
	ECCHERINI, DWARD	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
		OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
	OF LICENSED PRE				
98 SEA1S, 1 WO	KITCHEN, THRE	E RESTROOMS			
	emises are now oper	with all laws of the Com n for business (If not expl rtner or Authorized Corp HONE NUMBER:	orate Officer EMPLOYEI	R IDENTIFICAT	
			(Note: NOT Ind	lividual Social So	ecurity Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability inst	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 082000088		CITY OR TOWN NORTH	1 ADAMS
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 310 State	A Hot Dog Ranch			
CITY/TOWN: NOR		STATE: MA	ZIP CODE: 01247	
				3 7
MANAGER: Benoi	t, Craig 1 YPE (OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSTI LICENSED PREMISES		AIL ADDRESS	
	n and take out. Front and		eats approx 50	
	wear under penalties of		Tr	
• •	•		same premises now licensed;	
2. the license	e has complied with all	laws of the Comm	nonwealth relating to taxes; as	nd
3. the premis	es are now open for bus	iness (If not expla	in below)	
SIGNED BY	Individual, Partner or A	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFIC	
Acts of 2004, signed	by the building inspec	tor and the head	certificate required by Chapter of the fire department for cance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expla	in)			
(11 disappioved expla	<i>)</i>			
				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082000089	•	CITY OR TOWN NORTH A	DAINIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: HOWLING INC DOING BUSINESS A PUBLIC ADDRESS 34-40 Holden St	C.		
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE: 01247	
	TYPE OF LICENSE: Resta		All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRE 3092 sq ft with exit in rear, plus service I hereby certify and swear under penal 1. the renewed license will be	ties of perjury that: of the same type for the swith all laws of the Commo	ont ent and exit ame premises now licensed; onwealth relating to taxes; and	
SIGNED BY Individual, Part	tner or Authorized Corpor	ate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	ginspector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	082000091		CITY OR TOWN	NORTH A	DAMS
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Charles R Doan				
DOING BUSINESS A	The Hub				
ADDRESS 55 Main S	t				
CITY/TOWN: NORT	ΓH ADAMS	STATE: MA	ZIP CODE:	01247	
MANAGER: Doan,	Charles TYP	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
2200 sq ft full service	restaurant entrance	55 main st, exit rea	rOUTDOOR DINI	NG	
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	ne same premises nov	licensed;	
	-		nmonwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not exp	plain below)		
SIGNED BY	Indiaideal Dagean	A	manuta Offican		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEDIJON	E NIIIMDED.	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	I ELEPHON.	E NUMBER:			Security Number)
We the undersigned,	attest that we are	in possession (1) f	he certificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed named license and (2 of 2010.					
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:					



www.mass.gov/abcc

LICENSE NUMBER	R: 082000094		CITY OR TOWN	NORTH ADAMS
APPLICATION FO	R RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	NAH BAR LLC			
DOING BUSINESS	A RICHMOND BAR	R & GRILL		
ADDRESS 40 MAII	N STREET			
CITY/TOWN: NO	RTH ADAMS	STATE: MA	ZIP CODE:	01247
MANAGER: SEA	RCY,LINETTE TYPI	E OF LICENSE:Re	staurant CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
HOLIDAY INN,INC AREA.	CLUDING RESTAUR	ANT,BANQUET A	AREAS,ROOMS, PAT	TO AND POOL
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of the	ne same type for the	same premises now li	censed;
	ee has complied with a		_	taxes; and
3. the premi	ses are now open for b	ousiness (If not expl	ain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TEEETHONE	71VOIVIDEIX.	(Note: NOT Indiv	idual Social Security Number)
Wa the and out one	d offert that we are t	:		hu Chantan 204 af tha
	d, attest that we are i d by the building insp			by Chapter 304 of the ent for the above
named license and of 2010.	(2) the certificate of l	iquor liability insu	rance required by C	hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	ain)			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G	.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMB	ER: 082000096		CITY OR TOWN NORTH A	ADAMS
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	E: MARY GIANNAR	RIS		
DOING BUSINES	SS A CRISTOS FAMO	OUS PIZZA		
ADDRESS 20 HC	OLDEN STREET			
CITY/TOWN: N	ORTH ADAMS	STATE: MA	ZIP CODE: 01247	
MANAGER: GI	IANNARIS,MARYTYI	PE OF LICENSE: Resi	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PREMIS			
			EAR OF PREMISES WITH E RANCE/EXIT ONTO HOLDE	
I hereby certify an	d swear under penalties	of perjury that:		
1. the ren	ewed license will be of	the same type for the	same premises now licensed;	
2. the lice	ensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the pre	mises are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
D.A.TE				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(Note: NOT marvidual Social	Security Number)
Acts of 2004, sign	ned by the building ins	spector and the head	certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	.ріаіп)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 0	82000097		CITY OR TOWN	NORTH A	DAMS
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 23 EAGLE CITY/TOWN: NORTI	DESPERADOS STREET H ADAMS	STATE: MA		01247 CATEGORY:	All Alcohol
EMAIL ADDRESS:					7
	ASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LIC TWO BASEMENT FLO FIRST FLOOR WITH I ENTERTAINMENT PI	OOR BASEMEN KITCHEN AND LUS OUTDOOR	NT FOR STORAGE DININGSECON PATIO			THE
I hereby certify and swe	•				
2. the licensee l	has complied wit	• •	he same premises no mmonwealth relating plain below)		
SIGNED BY	ndividual, Partne	er or Authorized Cor	rporate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ir	nspector and the he	ead of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	ı		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMI	BER: 082000098		CITY OR TOWN	NORTH AL	DAMS
APPLICATION	FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAN	Æ: NORTH ADA	MS VILLAGE PIZZA, I	NC.		
DOING BUSINE	ESS A VILLAGE P	IZZA			
ADDRESS 51 E	AGLE STREET				
CITY/TOWN: 1	NORTH ADAMS	STATE: MA	ZIP CODE:	01247	
	ANDALL, CHRISTINA L.	TYPE OF LICENSE: Re	estaurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PRI				
2000 SQ FT RES ON THE CENTE		S 40 FRON ENTRANCE	E EAGLE ST EMERG	ENCY EXI	T BACK
I hereby certify a	nd swear under pena	alties of perjury that:			
1. the real	newed license will b	e of the same type for the	e same premises now li	icensed;	
2. the lic	ensee has complied	with all laws of the Com	monwealth relating to	taxes; and	
3. the pr	emises are now oper	n for business (If not expl	lain below)		
SIGNED BY	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. OSS		
	Individual, Pai	rtner or Authorized Corp	orate Officer		
DATE:		VO) TO 1 W TO CO TO	EMDLOVED I	DENTIFICATI	ON NUMBER:
DITTE.	TELEPH	HONE NUMBER:	(Note: NOT Indiv		
		e are in possession (1) the g inspector and the hea			
named license a		te of liquor liability inst			
of 2010.					
Please Check Below:	-		LOCAL LICENSII	NG AUTHO	ORITY
APPROVED: DISAPPROVED			By:		
(If disapproved e					
,	r/				
DATE:					



www.mass.gov/abcc

LICENSE NUMBE	R: 082000099		CITY OR TOW	N NORTH A	DAMS
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	E: CHINA BUFFET C S A SUSHI HOUSE IN ST	OF NORTH ADAM	4S, INC.		
CITY/TOWN: NO		STATE: MA	ZIP CODE:	01247	
	J WANG, MENG TYP			CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF	F LICENSED PREMIS	ES:			
1200FT. STORE FI ENTRANCE	RONT TO HOUSE SU	ISHI BAR LOCAT	TED AT 45 MAIN	ST WITH MAI	N ST
I hereby certify and	swear under penalties	of perjury that:			
1. the rener	wed license will be of t	he same type for the	ne same premises no	ow licensed;	
	usee has complied with nises are now open for l		^	g to taxes; and	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building ins I (2) the certificate of	pector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	CENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBI	ER: 082000101		CITY	OR TOWN	NORTH A	DAMS
APPLICATION FO	OR RENEWAL:	Annual	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME DOING BUSINES ADDRESS 896 ST	S A					
CITY/TOWN: NO		STATE:	MA 7	IP CODE:	01247	
MANAGER: LO		TYPE OF LICENSI				All Alcohol
EMAIL ADDRESS	S:	-				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL AD	DRESS		_
DESCRIPTION O	F LICENSED PRE	MISES:				
		EATION 70 INSIDI OM DECK WITH			N ENTRANO	CE
I hereby certify and	l swear under penal	lties of perjury that:				
1. the rene	wed license will be	e of the same type for	or the same	premises now	licensed;	
	-	with all laws of the (_	o taxes; and	
3. the pren	nises are now open	for business (If not	explain bel	ow)		
SIGNED BY	Individual, Par	tner or Authorized (Corporate C	Officer		
DATE:	TELEPH	ONE NUMBER:				TION NUMBER: Security Number)
Acts of 2004, sign	ed by the building	are in possession (g inspector and the e of liquor liability	head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	lain)					
(If disapproved exp	piain)		_			
DATE:						
APPLICATION FOR REN	EWAL MUST BE FILED I	BY LICENSEES DURING	THE MONTH C	F NOVEMBER (M	I.G.L. Ch. 138 \$ 10	6A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 082000102		CITY OR TOWN NORTH A	ADAMS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: THE KARA GROUP,	, LLC		
DOING BUSINESS A THE LOCAL			
ADDRESS 67 MAIN STREET			
CITY/TOWN: NORTH ADAMS	STATE: MA	ZIP CODE: 01247	
MANAGER: GIGLIOTTI, GINA TYPE	OF LICENSE: Resi	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	3:		
TWO ROOMS ONE FOR DINING AND OF DINING. MAIN ENTRANCE/BACK FOR ASSESSIBLE			
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	• 1	•	
2. the licensee has complied with all		<u> </u>	
3. the premises are now open for but	siness (If not expla	in below)	
SIGNED BY Individual, Partner or	Authorized Corpor	rate Officer	
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved explain)			
DATE:			